

SEARCHED INDEXED
MAILED 02/06/02

PATENT

Attorney's Docket No. 1998.4049.007 (Ctex)**COMBINED DECLARATION AND POWER OF ATTORNEY**(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: (*check one applicable item below*)

- original
 design
 supplemental

NOTE: If the declaration is for an international Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the follow 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION**HEALTH AND COMFORT SUPPORT SYSTEM INCLUDING COMMON**
APPLICATION**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

- (a) is attached hereto.
 (b) was filed on _____ as U.S. Serial No. _____ or
 Express Mail No. _____ as Serial No. not yet known _____ and was amended on _____
 (if applicable).

LAW OFFICES OF GIBSON LEE

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c) _____ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

X which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

(also check the following items, if desired)

X

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

_____ In compliance with this duty there is attached an information disclosure statement 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) _____ no such applications have been filed.

(e) X such applications have been filed as follows

NOTE: Where item (e) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.

A. PRIOR FOREIGN/PCT APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIM UNDER 35 USC 119
U.S.	60/168,161	30 November 1999	Yes

SEARCHED - INDEXED - SERIALIZED - FILED

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

E.J. Biskup	<u>18,987</u>	E.T. Jones	<u>40,037</u>
R.C. Collins	<u>27,430</u>	J.F. Learman	<u>12,069</u>
P.J. Ethington	<u>17,299</u>	J.K. McCulloch	<u>17,452</u>
J.C. Evans	<u>20,124</u>	J.P. Moran	<u>20,941</u>
R.L. Farris	<u>25,122</u>	S.L. Permut	<u>28,388</u>
W.H. Francis	<u>25,335</u>	M.J. Schmidt	<u>43,904</u>
F.J. Fodale	<u>20,824</u>	W.J. Schramm	<u>24,795</u>
W.H. Griffith	<u>16,706</u>	R.L. Stearns	<u>36,937</u>
A.M. Grove	<u>39,697</u>	J.D. Stevens	<u>35,691</u>
D.A. Burns	<u>46,238</u>	W.J. Waugaman	<u>20,304</u>
		C.R. White	<u>20,494</u>

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Eric T. Jones
Reising, Ethington, Barnes,
Kisselle, Learman & McCulloch, P.C.
P.O. Box 4390
Troy, MI 48099-4390

Eric T. Jones
(248) 689-3500

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Scott J. Moran
 Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature Scott J. Moran

Date 8-2-02 Country of Citizenship United States

Residence Winchester, Massachusetts East Greenwich, RI RI

Post Office Address 470 Highland Avenue 180 Lynn Circle
Winchester, MA 01890 East Greenwich, RI 02818

Full name of second joint inventor, if any

Ryan K. Weeks
 (Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature _____

Date _____ Country of Citizenship _____ United States

Residence _____ Royal Oak, Michigan

Post Office Address _____
 914 Batavia Avenue
 Royal Oak, MI 48067

Full name of third joint inventor, if any

(Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor

Scott J. Moran
Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature _____

Date _____ Country of Citizenship United States

Residence Winchester, Massachusetts

Post Office Address 176 Highland Avenue

Winchester, MA 01890

Full name of second joint inventor, if any

Ryan K. Weeks
200 (Given Name) (Middle Initial or Name) Weeks Family (or Last) Name

Inventor's signature Ryan K Weeks

Date 7/30/2002 Country of Citizenship United States

Residence Royal Oak, Michigan MI

Post Office Address 914 Batavia Avenue

Royal Oak, MI 48067

Full name of third joint inventor, if any

(Given Name) (Middle Initial or Name) Family (or Last) Name

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence _____

Post Office Address _____

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED
PAGE(S) WHICH FORM A PART OF THIS DECLARATION

- Signature for fifth and subsequent joint inventors.
Number of pages added _____
- Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____
- Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.
Number of pages added _____
- * * *
- Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
Number of pages added _____
- * * *
- Authorization of attorney(s) to accept and follow instructions from representative.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page
and check the following item

This declaration ends with this page.

(Declaration and Power of Attorney - page 5 of 5)